



ARIZONA DEPARTMENT OF PUBLIC SAFETY  
STUDENT TRANSPORTATION  
Mail Drop No. 1250 ■ P. O. Box 6638  
Phoenix, AZ 85005-6638  
Phone: 602-223-2646 ■ FAX: 602-223-2923

**SCHOOL BUS DRIVER COVER SHEET**

**INSTRUCTIONS:** This **MUST** be completed in full and submitted by employer.  
Please check one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>NEW DRIVER APPLICANT</b>                            | <input type="checkbox"/> <b>CERTIFIED DRIVER</b>                                |
| <input type="checkbox"/> <b>TRANSFER</b><br>(effective date) _____              | <input type="checkbox"/> <b>REHIRE</b><br>(effective date) _____                |
| <input type="checkbox"/> <b>CDL REACTIVATION</b><br>(after medical suspension)  | <input type="checkbox"/> <b>RESIGNED / TERMINATED</b><br>(effective date) _____ |
| <input type="checkbox"/> <b>MEDICAL LEAVE</b> Start date: _____ End date: _____ |   |

**DRIVER or APPLICANT NAME** \_\_\_\_\_  
*Print full name as it appears on driver's license*

**DISTRICT/EMPLOYER** \_\_\_\_\_

**DISTRICT/EMPLOYER NUMBER** \_\_\_\_\_

**TRANSPORTATION DEPT. PHONE NO.** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**CURRENT SCHOOL BUS DRIVER NUMBER** \_\_\_\_\_  
(if applicable)